STATE BOARD OF SOCIAL WORK EXAMINERS

Bureau of Occupational Licenses 1109 Main St., Suite 220 Boise, ID 83702

swo@ibol.state.id.us

INDEPENDENT LEVEL SUPERVISOR REPORT

Applicants for Independent status who held a current Idaho Bachelor or Masters Level Social Work license in Idaho prior to August 5, 2002 must submit a completed supervisor report to document any supervision. Such applicant shall, prior to July 1, 2005, submit documentation establishing that a minimum of 3,000 hours of supervised practice, including 100 face-to-face hours, was obtained in a supervised setting and provided by a qualified and experienced professional working in the same area of practice; that supervision occurred on a regular and on-going basis; and that the supervisor(s) held a social work license in good standing.

Mailing address						
2. Iviaining address	Street/PO Box	x	City		State	Zip
. Dusiness dadie.	Street/PO Box	x	City		State	Zip
Date of Birth	//Soc	ial Security No	//	_ License #		
		Applicant Signa	ture			
State of	, County of	, ss				
Subscribed and swor	rn before me this	day of		, 20	_·	
(sea	1)	Notary Public off my commission e				
	LLOWING SECTION ed practice - From:	_//To: _	//		VISOR	<u> </u>
. Dates of supervise	ed practice - From:	//To: _	mm dd yyyy	-		

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INDEPENDENT LEVEL SUPERVISOR REPORT (continued)

4. Briefly describe the setting in which the	candidates clinical work was performed.
	the candidate's ability to perform as a clinical social worker? . (Please use additional pages as needed)
Supervisor Name:	
License # (include State(s) of licensure)	
I hereby certify that the responses provided belief.	AFFIDAVIT above are true and accurate to the best of my knowledge and
	Supervisor Signature
State of, County of Subscribed and sworn before me this	, ss, 20
(seal)	Notary Public official signature my commission expires

To the Supervisor: Upon your completion of this report, please place in an envelope, seal, and return it to:

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